

ORDER FOR SUPPLIES OR SERVICES <i>(Contractor must submit four copies of invoice.)</i>						Form Approved OMB No. 0704-0187 Expires Jun 30, 1997	PAGE 1 OF 4
Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Reduction Project (0704-0187), Washington, DC 20503.							
PLEASE DO NOT RETURN YOUR FORM TO EITHER OF THESE ADDRESSES. SEND YOUR COMPLETED FORM TO THE PROCUREMENT OFFICIAL IDENTIFIED IN ITEM 6.							
1. CONTRACT/PURCH ORDER NO. N00383-00-G-023B		2. DELIVERY ORDER NO. UB9X		3. DATE OF ORDER (YYMMDD) 2003 DEC 31		4. REQUISITION/PURCH REQUEST NO. YPC03210000205	
5. PRIORITY DOA1		6. ISSUED BY CODE SP0700 Defense Supply Center Columbus 3990 E. Broad St. P.O. Box 16704 Columbus, OH 43216-5010 Local Administrator: PAABCAU (614)692-1983 / FAX: (614)693-1679 E-mail: William.West@dla.mil		7. ADMINISTERED BY (If other than 6) CODE S1110A DCMC GRUMMAN ST AUGUSTINE 5000 US 1 N PO DRAWER 3447 (904) 825-3563 ST AUGUSTINE FL 32085-3447		8. DELIVERY FOB <input type="checkbox"/> DEST <input checked="" type="checkbox"/> OTHER (See Schedule if other)	
9. CONTRACTOR CODE 61174 NAME AND ADDRESS NORTHROP GRUMMAN SYSTEMS CORPORATION 5000 US HIGHWAY 1 NORTH P.O. BOX 3447 SAINT AUGUSTINE FL 32095-6200		10. DELIVER TO FOB POINT BY (Date) (YYMMDD) 365 DAYS ARO		11. MARK IF BUSINESS IS <input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISAD- VANTAGED <input type="checkbox"/> WOMEN-OWNED		12. DISCOUNT TERMS NET 30 days	
13. MAIL INVOICES TO See Block 15		14. SHIP TO CODE See Schedule - Do Not Ship to Address in Block 6		15. PAYMENT WILL BE MADE BY CODE HQ0338 HQ0338 DFAS COLUMBUS CENTER SOUTH ENTITLEMENT OPERATIONS P O BOX 182264 COLUMBUS OH 43218-2264 EFT: T		MARK ALL PACKAGES AND PAPERS WITH CONTRACT OR ORDER NUMBER	
16. DELIVERY <input checked="" type="checkbox"/> This delivery order is issued on another Government agency or in accordance with and subject to terms and conditions of above numbered contract. TYPE OF PURCHASE <input type="checkbox"/> Reference your SP070003TYC32 and furnish the following on terms specified herein. ORDER ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.							
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE CG: 97X4930 SCC0 001 26.0 S33150 97X4930 SCC0 001 22.1 S33150 (TRANS)							
18. ITEM NO.	19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ACCEPTED*	21. UNIT	22. UNIT PRICE	
	Remarks: CONFIRMING ORDER -- DO NOT DUPLICATE ACCELERATED DELIVERY IS ACCEPTABLE AND DESIRED AT NO COST TO THE GOVERNMENT.			TOTAL: 12			
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA BY: <i>Hennette M Jones</i> CONTRACTING/ORDERING OFFICER		25. TOTAL \$ 6168.00	
26. QUANTITY IN COLUMN 20 HAS BEEN <input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO THE CONTRACT EXCEPT AS NOTED				27. SHIP NO.		29. DIFFERENCE	
DATE _____ SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE _____				<input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL		30. INITIALS	
31. PAYMENT <input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL				28. D.O. VOUCHER NO.		33. AMOUNT VERIFIED CORRECT FOR	
32. PAID BY				34. CHECK NUMBER		35. BILL OF LADING NO.	
36. I certify this account is correct and proper for payment. DATE _____ SIGNATURE AND TITLE OF CERTIFYING OFFICER _____				40. TOTAL CONTAINERS		42. S/R VOUCHER NO.	
37. RECEIVED AT	38. RECEIVED BY (Print)		39. DATE RECEIVED (YYMMDD)	41. S/R ACCOUNT NUMBER			

CONTINUATION SHEET

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SECTION B

PR YPC03210000205
NSN 3040-00-970-9852

ITEM DESCRIPTION:

CONNECTING LINK, RIGID.
NORTHROP GRUMMAN SYSTEMS CORPORATIO (26512) P/N 128CM11221-5

<u>ITEM</u>	<u>PR</u>	<u>PRLI</u>	<u>QUANTITY</u>	<u>UNIT</u>	<u>UNIT PRICE</u>	<u>AMOUNT</u>
0001	YPC03210000205	0001	12	EA	\$514.00000	\$6168.00

QTY VARIANCE: PLUS 0% MINUS 0%
INSPECTION POINT: ORIGIN
ACCEPTANCE POINT: ORIGIN

PREP FOR DELIVERY

PKGING DATA - MIL-STD-2073-1D, 15 DEC 1999
QUP = 001: PRES MTHD = 41: CLNG/DRY = 1: PRESV MAT = XX:
WRAP MAT = XX: CUSH/DUNN MAT = XX: CUSH/DUNN THKNESS = X:
UNIT CONT = XX: OPI = 0:
INTRMDTE CONT = DO: INTRMDTE CONT QTY = AAA:
PACK CODE = U:
MARKING SHALL BE IN ACCORDANCE WITH MIL-STD-129.
SPECIAL MARKING CODE: 00 - NO SPECIAL MARKING.
PALLETIZATION SHALL BE IN ACCORDANCE WITH DC1636P001 REV E
DATED 3029
SUPPLEMENTAL INSTRUCTIONS

'EACH UNIT PACKAGE WILL BE MARKED WITH THE NSN,
CONTRACT NUMBER, LOT NUMBER, CONTRACTOR CAGE
CODE, MANUFACTURER CAGE CODE, AND PART NUMBER'.

DOD BAR CODE MARKING REQUIRED IN ACCORDANCE WITH
MIL-STD-129 (LATEST REVISION) MARKING AND BAR
CODING IN ACCORDANCE WITH AIM BC1.

DELIVER FOB: ORIGIN BY: 2004 DEC 30

PARCEL POST ADDRESS:

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SECTION B

SW3113

DEF DIST DEPOT CHERRY POINT NC

PSC 8020

CUNNINGHAM ST BLDG 159 RM 217

CHERRY POINT NC 28533-0020

FREIGHT SHIPPING ADDRESS:

SW3113

DEF DIST DEPOT CHERRY POINT NC

LANGLEY RD BLDG 147 BAY A

CHERRY POINT NC 28533-5040

NON-MILSTRIP

PROJ NS3

REMIT PAYMENT TO:

CONTINUED ON NEXT PAGE

(d) In addition to the requirements of this clause, the Contractor shall meet the requirements of the appropriate payment clauses in this contract when submitting payment requests.